

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000786

STATE FILE NUMBER

AMENDED

Registration District No. 75Primary Registration District No. 3015Registrar's No. 9

FILED JAN 24 1962

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		c. CITY OR TOWN <u>King City</u> <u>RI.F.D.# 3.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RI.F.D.# 3.</u>	
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>-</u> Last <u>Beckwith</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/1/91</u>
9. AGE (last birthday) <u>70 yrs</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	
11. BIRTHPLACE (City and state or country) <u>DeKalb Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Clauncey R. Beckwith</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Rebecca Beckwith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Rebecca Beckwith King City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>5 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u> <u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ruptured Descending Aorta</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>	
20g. COUNTY <u>—</u>		20h. STATE <u>—</u>	
21. I attended the deceased from <u>Dec 25, 1961</u> to <u>Jan 9, 1962</u> and last saw him alive on <u>Jan 8, 1962</u> Death occurred at <u>4:35</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>St. Neetherton M.D.</u>		22b. ADDRESS <u>312 E. 3rd Camma. Mo</u>	
22c. DATE SIGNED <u>1-15-62</u>		22d. LOCATION (City, town, or county) <u>N.E. King City Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/11/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Berlin</u>		23d. LOCATION (City, town, or county) <u>N.E. King City Missouri</u>	
24. FUNERAL DIRECTOR <u>Arland O'Clark, King City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 18 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>		27. (Licensed Embalmers Statement on Reverse Side)	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland D Clark

Licensed Embalmer No. 4477

P. O. Address King City MO

Note: The above ~~MUST BE~~ SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.